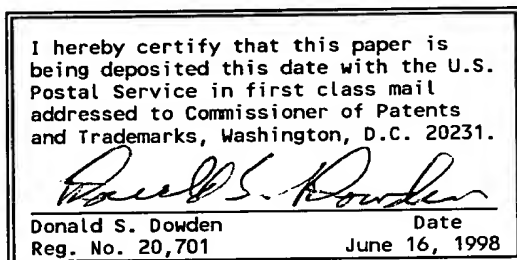




IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : David G. Bird
Serial No. : 08/862,039
Filed : May 22, 1997
For : LOCATION OF MISSING VEHICLES
Group : 3642
Examiner : Theodore Blum

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1185 Avenue of the Americas
New York, NY 10036
(212) 278-0400
June 16, 1998

AMENDMENT

Assistant Commissioner for Patents
Washington, D.C. 20231

SIR:

In response to the Office action mailed March 16, 1998,
please amend the above-entitled application as follows:

In the claims:

Please amend claims 28-33 as follows:

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GAU 3642


 PATENT
 7284/52829-R

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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ASSISTANT COMMISSIONER FOR PATENTS
 Washington, D.C. 20231

S I R:

Transmitted herewith is an Amendment to the above-identified application.

_____ Small entity status of this application under 37 C.F.R. §1.9 and §1.27 has been established by a verified statement previously submitted.

_____ a verified statement to establish small entity status under 37 C.F.R. §1.9 and §1.27 is enclosed.

_____ X No additional fee is required.
 The filing fee is calculated as follows:

	NUMBER AFTER AMEND- MENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
							SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER ENTITY
Total Claims	49	-	* 49	=	***	x	11	22	=	\$0
Indepen- dent Claims	13	-	** 13	=	***	x	41	82	=	\$0
Multiple Dependent Claims Presented _____ Yes <u>X</u> No							135	270	=	\$0
For First Time:							TOTAL ADDITIONAL FEE			\$0
										\$0

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Amendment Transmittal Letter
Page 2

- *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
**If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

"The HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. 03-3125 in the amount of \$_____. Three copies of this sheet are enclosed.

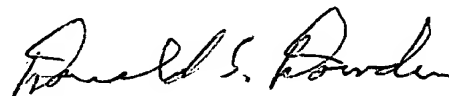
_____ Applicant hereby petitions for a _____ month extension. Our check in the amount of _____ is enclosed.

X _____ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

X _____ Any additional fees under 37 C.F.R. §1.16 for the presentation of extra claims.

X _____ Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



Donald S. Dowden
Registration No. 20,701
Attorney for Applicant(s)
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New York, New York 10036
(212) 278-0400